APPLICATION FOR EXAMINATION

COAL MINE ELECTRICAL INSPECTOR

MINIMUM APPLICATION REQUIREMENTS:

- 1. A citizen of West Virginia, in good health, not less than twenty-four (24) years of age, of **good character and reputation and of temperate habits**; and,
- 2. Candidates must have at least five (5) years of practical electrical experience in coal mines, at least two (2) years of which have been in mines in this state, or a degree in electrical engineering from an accredited electrical engineering school and three (3) years of practical electrical experience in underground coal mining;
- 3. Must have a valid West Virginia driver's license.

If you meet these minimum requirements, you must attach official documentation from your employer(s) detailing your years of electrical and underground coal mining experience and the occupation(s) or classification(s) at which you were employed, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the underground coal mine industry). Practical electrical experience means the performance of duties requiring a person to be a certified electrician prior to actually performing such duties.

Mail the properly completed paperwork and **NOTARIZED** application to the following address:

Board of Coal Mine Health & Safety 106 Dee Drive Charleston, West Virginia 25311 ATTN: Mallory Yates (304) 205-4120

Examination: Electrical		APPLICA	ANT INFO	RMATIO	N	Test No.	
Name:				Da	ate:		
Social Security Number:							
Valid WV Driver's License							
Current Address:							
Current Physical Address (i	if different fro	om above):					
Current Telephone Numbe	r: <u>(</u>)						
How long have you resided							
Previous Address:							
How long did you reside at							
Have you been convicte							
Did you receive a high scho Mark highest grade comple Additional Education:	eted:1	EDU or high sch	J CATION nool equiv _45	<u>N</u> alency dip _67	oloma (GEI _89	_1011	s No _12
Verification of academic certificate, or written credentials.	training ma	ay be in th	e form of	an offic	ial transo	cript, copy	of diploma or
School Names and Addresses	Field(s) Major	of Study Minor	Credit Sem.	Hours Quar.		es of dance Mo/Yr.	Type of Degree
College (Undergraduate)	Major	WITHOT	Sein.	Quar.	MO/II.	W10/11.	
College (Graduate)							
Business, Vocational, or Technical School							
Additional Training, (Semesters, Military Training, Workshops, Etc.)							

Military Service: ______Type of Discharge: _____

Examination: Electrical Test No. ______

APPLICANT INFORMATION

In the space below, list any related licenses and certificates. (Verification copies must be provided) If you have a Commercial Driver's License (CDL), enter your License Number, CDL License Class, and Expiration Date.			
What permissible gas detecting instruments do you have experience in using?			
REGIONAL OFFICES			
Select a Region in which you will definitely accept employment.			
Mark ALL regions only if you are willing to accept employment in any region and be willing to relocate.			
Region 1 V	Vestover	Region 2 Welch	Region 4 Oak Hill
Barbour	Monongalia	Cabell	Boone

Mark ALL regions only if you are willing to accept employment in any region and be willing to relocate.				
Region 1 Westover		Region 2 Welch	Region 4 Oak Hill	
Barbour	Monongalia	Cabell	Boone	
Berkeley	Morgan	Lincoln	Braxton	
Brooke	Ohio	Logan	Clay	
Calhoun	Pendleton	Mason	Fayette	
Doddridge	Pleasants	Mingo	Greenbrier	
Gilmer	Preston	McDowell	Jackson	
Grant	Randolph	Mercer	Kanawha	
Hampshire	Ritchie	Monroe	Nicholas	
Hancock	Taylor	Summers	Pocahontas	
Hardy	Tucker	Wayne	Putnam	
Harrison	Tyler	Wyoming	Raleigh	
Jefferson	Upshur		Roane	
Lewis	Wetzel		Webster	
Marion	Wirt			
Marshall	Wood			
Mineral	·			
Mark only if available in ALL regions AN EQUAL OPPORTUNITY EMPLOYER				

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, social security card, credit cards, and passport).

Affirmation: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the WV Office of Miners' Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the WV Office of Miners' Health, Safety and Training from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature:	Date:
_	· · · · · · · · · · · · · · · · · · ·

You must attach official documentation from your employer(s) detailing your years of electrical and underground coal mining experience and the occupation(s) or classification(s) at which you were employed, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the electrical and underground coal mining industry).

APPLICANT INFORMATION

Employer Name and Address		Employer Phone Number	
Name of Supervisor	Your Title	Employment Da	tes
		From:	То:
Detailed Description of Your Duties	and Responsibilities		
Employer Name and Address		Employer Phone Number	
Name of Supervisor	Your Title	Employment 1	Dates
		From:	То:
Detailed Description of Your Duties and Responsibilities			

APPLICANT INFORMATION

Employer Name and Address		Employer Phone	e Number
Name of Supervisor	Your Title	Employment Da	ntes
		From:	To:
Detailed Description of Your Duties at	nd Responsibilities		
Employer Name and Address		Employer Phone	e Number
Name of Supervisor	Your Title	Employment Da	ntes
		From:	To:
Detailed Description of Your Duties as	nd Responsibilities		

Examination: Electrical Test No. ____

APPLICANT INFORMATION

AFFIDAVIT OF APPLICANT

Ι,	, do	hereby affirm that I am a resident of West
Virginia. I currently have	_years and	of practical electrical coal mining
experience, at least two (2) years of wh	nich have been	in mines in this state. I affirm that I am in
good health and that the statements a	nd information	recorded in this application are true and
accurate to the best of my knowledge.	I agree that if a	n appointment to the position of coal mine
electrical inspector is offered and accept	pted, I will acce	ept initial assignment or a later transfer to
any location in the State of West Virgin	ia as designated	by the Director of the West Virginia Office
of Miners' Health, Safety and Training,	pursuant to §22	A-1-4(b)(3) of The West Virginia Code.
Ap	plicant's Sign	aature
STATE OF WEST VIRGINIA		
COUNTY OF	TO	WIT:
Acknowledged, subscribed, and af	firmed before	e me in my said county, this
day of	_,	•
		Notary Public
My Commission Expires:		.